



Tommy G. Thompson  
Governor

Joe Leean  
Secretary



**State of Wisconsin**  
Department of Health and Family Services

DIVISION OF HEALTH

1 WEST WILSON STREET  
P.O. BOX 309  
MADISON WI 53701-0309

April 22, 1998

Dear Health Insurance Risk Sharing Plan (HIRSP) Policyholders:

Enclosed is the updated HIRSP policy, effective July 1, 1998. This policy includes a number of important changes, such as:

- An increase in the lifetime maximum payment;
- Elimination of preferred provider networks; and
- A requirement that policyholders must utilize Medicaid-certified providers for HIRSP-covered services.

Please read the enclosed HIRSP policy carefully. If you are not satisfied with this policy, you may send it back to us and we will cancel your policy effective July 1, 1998. You must do this within 10 days after the postmark on the policy mailing.

If you have been a HIRSP policyholder for less than two years, we are also enclosing a copy of your application. Please call us if any of the information contained on this application has changed since you applied for HIRSP coverage.

If you have any questions after reviewing your HIRSP policy, please telephone HIRSP customer service at 1-800-828-4777.

Sincerely,

Kathy Rogers, Director  
Health Insurance Risk Sharing Plan

Enclosure